B1 (Official Form 1) (1/08)	Document	Page 1	of 51		
	States Bankruptcy thern District of Illi			Voluntar	y Petition
Name of Debtor (if individual, enter Last, First Tokarski, Andrzej	, Middle):	Name of Joi	nt Debtor (Spouse) (Last, Fire	st, Middle):	
All Other Names used by the Debtor in the last (include married, maiden, and trade names): None	8 years		ames used by the Joint Debto rried, maiden, and trade name		S
Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all): 2467	ayer I.D. (ITIN) No./Complete		its of Soc. Sec. or Individual- one, state all):	Taxpayer I.D. (IT	IN) No./Complete EIN
Street Address of Debtor (No. and Street, City, 24331 Kelsey Rd	and State)	Street Addre	ess of Joint Debtor (No. and S	Street, City, and St	ate
Barrington, IL	ZIPCODE 60010				ZIPCODE
County of Residence or of the Principal Place of	of Business:	County of R	esidence or of the Principal P	Place of Business:	
Cook Mailing Address of Debtor (if different from st	reet address):	Mailing Add	dress of Joint Debtor (if differ	ent from street ad	dress):
	ZIPCODE				ZIPCODE
Location of Principal Assets of Business Debto	or (if different from street addre	ess above):			ZIPCODE
Type of Debtor (Form of Organization) (Check one box) ☐ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.) Filing Fee (Check one ☐ Full Filing Fee attached ☐ Filing Fee to be paid in installments (Applissigned application for the court's considerato pay fee except in installments. Rule 100 ☐ Filing Fee waiver requested (applicable to attach signed application for the court's confidence attach signed attach signed attach signed application for the court's confidence attach signed	cable to individuals only) Mution certifying that the debtor is 16(b). See Official Form No. 3. chapter 7 individuals only). M	Sentity collicable) corganization Inited States renue Code) Check In Interpretation Check Sunable A. Check Land Check La	Chapter 7 Chapter 9 Chapter 11 Chapter 12 Chapter 13 Chapter 13 Nat (Chapter 13 Nat (Schapter 13 Nation of the primarily of the primarily personal, family, or purpose." Chapter 11 Chapter 11 Chapter 11 Chapter 11 Chapter 11 Cobtor is a small business as cobebtor is not a small business	U.S.C. by an for a household Debtors defined in 11 U.S.0 as defined in 11 U.S.0 gent liquidated del are less than \$2,19 petition. solicited prepetition	one box) retition for of a Foreign ding retition for of a Foreign drope detection for of a Foreign occeeding Debts are primarily business debts C. § 101(51D) J.S.C. § 101(51D) obts (excluding debts 100,000) on from one or
Statistical/Administrative Information Debtor estimates that funds will be available for d Debtor estimates that, after any exempt property i distribution to unscured creditors.		nses paid, there will b	pe no funds available for		THIS SPACE IS FOR COURT USE ONLY
Eştimated Number of Creditors	99 1000- 5000 10,000		25,001- 50,000 50,001- 100,000	Over 100,000	
Estimated Assets \$0 to \$50,001 to \$100,001 to \$500,00 \$50,000 \$100,000 \$500,000 to \$1 million	to \$10 to \$50	\$50,000,001 to \$100 million	\$100,000,001 \$500,000,000 to \$500 to \$1 billion million	1 More than \$1 billion	
Estimated Liabilities \$0 to \$50,001 to \$100,001 to \$500,00 \$50,000 to \$1 million	to \$10 to \$50	001 \$50,000,001 to \$100 million	\$100,000,001 \$500,000,000 to \$500 to \$1 billion million	1 More than \$1 billion	

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B1 (Official Ta	se 09108008 Doc 1 Filed 01/01/0		38 Desc Main Page 2	
Voluntary Pe (This page must be	etition e completed and filed in every case)	Page Z _f Deblor _(s) : Andrzej Tokarski		
	All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed:	NONE	Case Number:	Date Filed:	
Location Where Filed:	N.A.	Case Number:	Date Filed:	
	ankruptcy Case Filed by any Spouse, Partner	•	an one, attach additional sheet)	
Name of Debtor:	NONE	Case Number:	Date Filed:	
District:		Relationship:	Judge:	
10K and 10Q) with	Exhibit A if debtor is required to file periodic reports (e.g., forms h the Securities and Exchange Commission pursuant to d) of the Securities Exchange Act of 1934 and is requesting er 11)	Exhib (To be completed if del whose debts are primar I, the attorney for the petitioner named in the fore the petitioner that [he or she] may proceed under States Code, and have explained the relief availal I further certify that I delivered to the debtor the relief available to the relief available to the debtor the relief available to the reli	btor is an individual rily consumer debts) egoing petition, declare that I have informed chapter 7, 11, 12, or 13 of title 11, United ble under each such chapter.	
☐ Exhibit A	is attached and made a part of this petition.	X /s/ Ben Schneider Signature of Attorney for Debtor(s)	12/31/2008 Date	
Exhibit I If this is a joint pe	d by every individual debtor. If a joint petition is filed, each D completed and signed by the debtor is attached and made a	a part of this petition.	hibit D.)	
Exmort				
ಠ				
	Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United Sates in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
		ides as a Tenant of Residential Prop	erty	
	Landlord has a judgment for possession of debtor's resid	,)	
	(Name of	landlord that obtained judgment)		
	(Address	of landlord)		
	Debtor claims that under applicable non bankruptcy law, entire monetary default that gave rise to the judgment for			
	Debtor has included in this petition the deposit with the operiod after the filing of the petition.	court of any rent that would become due during	the 30-day	
	Debtor certifies that he/she has served the Landlord with	this certification. (11 U.S.C. § 362(1)).		

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Case 09-00008 Doc 1 Filed 01/01/09	Entered 01/01/09 19:48:38 Desc Main
B1 (Official Form 1) (1/08) Document	Page 3 01 51 Page 3
Voluntary Petition	Name of Debtor(s):
(This page must be completed and filed in every case)	Andrzej Tokarski
Signa	atures
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the	I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)
petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.
X /s/ Andrzej Tokarski	Pursuant to 11 U.S.C.§ 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.
Signature of Debtor	X
Signature of Dector	
X	(Signature of Foreign Representative)
X	
	(Printed Name of Foreign Representative)
Telephone Number (If not represented by attorney)	(Finited Name of Poleign Representative)
12/31/2008 Date	(Date)
Signature of Attorney*	
X /s/ Ben Schneider Signature of Attorney for Debtor(s) BEN SCHNEIDER 41940 Printed Name of Attorney for Debtor(s) Weingarten & Adler Firm Name 8170 N. McCormick Blvd. Address	Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.
_Suite 118Skokie, IL 60076 _847-677-3300	Printed Name and title, if any, of Bankruptcy Petition Preparer
Telephone Number 12/31/2008 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) Address
Signature of Dobton (Composition/Douthouskin)	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.	X
The debtor requests relief in accordance with the chapter of title 11,	Date
United States Code, specified in this petition. X	Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.
XSignature of Authorized Individual	Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:
Printed Name of Authorized Individual	If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.
Title of Authorized Individual	A bankruptcy petition preparer's failure to comply with the provisions of title 11
Date	and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B1 D (Official Form 1, Exhibit D) (12/08)

UNITED STATES BANKRUPTCY COURT Northern District of Illinois

In re Andrzej Tokarski	Case No
Debtor(s)	(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.

B1 D (Official Form 1, Exh. D) (12/08) – Cont.

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□ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the
applicable statement.] [Must be accompanied by a motion for determination by the court.]
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental
illness or mental deficiency so as to be incapable of realizing and making rational
decisions with respect to financial responsibilities.);
☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the
extent of being unable, after reasonable effort, to participate in a credit counseling
briefing in person, by telephone, or through the Internet.);
Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor:	/s/ Andrzej Tokarski	
	ANDRZEJ TOKARSKI	

Date: ___12/31/2008

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or it part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

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In re	Andrzej Tokarski	Case No	
	Debtor	(If known)	

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION NATU OF PROPERTY INTERI	HUSBAND, WIFE, JOINTY OR COMMUNITY	OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence Fee Simp	e	371,962.00	326,529.00
24331 Kelsey Rd Barrington IL 60010			
		371,962.00	

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(Report also on Summary of Schedules.)

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Desc Main

In re	Andrzej Tokarski	
	Debtor	

Case No. _

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account Charter One		3,000.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
Household goods and furnishings, including audio, video, and computer equipment.		Furniture Residence		475.00
 Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 	X			
6. Wearing apparel.		Clothing Residence		1,000.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
 Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			

In re	Andrzej	Tokarski
		Debtor

Case No.	
	(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Jaguar S Type Residence		11,140.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			

Debtor

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(If known)

In re Andrzej Tokarski Case No

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

28. Office equipment, furnishings, and supplies.			HUSBAND, WIFE, JOINT OR COMMUNITY	DEDUCTING ANY SECURED CLAIM OR EXEMPTION
		Office Furniture Residence		250.00
29. Machinery, fixtures, equipment, and supplies used in business.		Tools Residence		350.00
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X X			
already listed. Itemize.				

16,215.00

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In re	Andrzej Tokarski		Case No	

Debtor	(If known)
SCHEDULE C - PROPERTY	CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)

11 U.S.C. § 522(b)(2)
11 U.S.C. § 522(b)(3)

 \square Check if debtor claims a homestead exemption that exceeds \$136,875.

SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
735 I.L.C.S 5§12-901	15,000.00	371,962.00
735 I.L.C.S 5§12-1001(b)	3,000.00	3,000.00
735 I.L.C.S 5§12-1001(a)	1,000.00	1,000.00
735 I.L.C.S 5§12-1001(b) 735 I.L.C.S 5§12-1001(c)	525.00 2,400.00	11,140.00
735 I.L.C.S 5§12-1001(d)	350.00	350.00
735 I.L.C.S 5§12-1001(b)	475.00	475.00
735 I.L.C.S 5§12-1001(d)	250.00	250.00
	PROVIDING EACH EXEMPTION 735 I.L.C.S 5§12-901 735 I.L.C.S 5§12-1001(b) 735 I.L.C.S 5§12-1001(a) 735 I.L.C.S 5§12-1001(b) 735 I.L.C.S 5§12-1001(c) 735 I.L.C.S 5§12-1001(d) 735 I.L.C.S 5§12-1001(b)	PROVIDING EACH EXEMPTION CLAIMED EXEMPTION 735 I.L.C.S 5§12-901 15,000.00 735 I.L.C.S 5§12-1001(b) 3,000.00 735 I.L.C.S 5§12-1001(a) 1,000.00 735 I.L.C.S 5§12-1001(b) 525.00 735 I.L.C.S 5§12-1001(c) 2,400.00 735 I.L.C.S 5§12-1001(d) 350.00 735 I.L.C.S 5§12-1001(b) 475.00

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B6D (Official Form 6D) (12/07)

In re	Andrzej Tokarski	Case No.
	Debtor	(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.			Incurred: 6/2007 Lien: Judgment					
Anna Tokarski 4516 N. Overhill Ave. Norridge, IL 60706			Security: Residence Anna's payment is contingent on the sale of the house.	X			55,529.10	0.00
			VALUE \$ 371,962.00					
ACCOUNT NO.			Incurred: 6/11/07 Lien: Court order					
Figiel Law Offices 7111 West Higgins Avenue Chicago, Illinois 60656			Security: Residence Figel's payment is contingent on the sale of the house.	X			5,000.00	0.00
			VALUE \$ 371,962.00	1				
ACCOUNT NO.	T		Incurred: 6/07					
Gera Construction 240 Payson Hoffman Estates, IL 60194			Lien: Mechanic's Lien Security: Residence Litigation is pending in Lake County			X	4,000.00	0.00
			VALUE \$ 371,962.00	1				
1 continuation sheets attached	-		/TP . 1	Sub	tota	ı>́	\$ 64,529.10	\$ 0.00
			(Total o	-	Cota	ı > ∣	\$	\$

(Report also on (If applicable, reposition of Schedules) also on Statistical

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

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B6D (Official Form 6D) (12/07) - Cont.

In re _	Andrzej Tokarski		Case No	
	•	Debtor		(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Jadwiga Pioch 4516 N. Overhill Ave. Norridge, IL 60706			Incurred: 6/2007 Lien: Personal loan Security: Residence Jadwiga's payment is contingent on the sale of the house. VALUE \$ 371,962.00	X			15,000.00	0.00
ACCOUNT NO. 0617457544 Washington Mutual PO Box 44118 Jacksonville, FL 32231			Incurred: 2001 Lien: 1st Mortgage Security: Residence VALUE \$ 371,962.00				247,000.00	0.00
ACCOUNT NO.	•		VALUE \$					
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.			VALUE \$					
Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims	0		Sul (Total(s) or	f thi	al (s s pa otal	ge)	\$ 262,000.00 \$ 326,529.10	\$ 0.00 \$ 0.00

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(Use only on last page)

(Report also on Summary of Schedules) also on Statistical

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B6E (Official Form 6E) (12/07)

In re_	Andrzej Tokarski	,	Case No.
	Debtor		(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H,""W,""J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Data.
Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
Domestic Support Obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Extensions of credit in an involuntary case

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

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B6E (Official Form 6E) (12/07) - Cont.

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In re Debtor	, Case No(if known)
Certain farmers and fishermen	
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fishe	rman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
Deposits by individuals	
Claims of individuals up to $2,425$ for deposits for the purchase, lease, or that were not delivered or provided. 11 U.S.C. § $507(a)(7)$.	rental of property or services for personal, family, or household use,
Taxes and Certain Other Debts Owed to Governmental Units	
Taxes, customs duties, and penalties owing to federal, state, and local government	ernmental units as set forth in 11 U.S.C. § 507(a)(8).
Commitments to Maintain the Capital of an Insured Depository Inst	titution
Claims based on commitments to the FDIC, RTC, Director of the Office of Governors of the Federal Reserve System, or their predecessors or successors, U.S.C. § 507 (a)(9).	
☐ Claims for Death or Personal Injury While Debtor Was Intoxicated	
Claims for death or personal injury resulting from the operation of a moto lcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).	r vehicle or vessel while the debtor was intoxicated from using
* Amounts are subject to adjustment on April 1, 2010, and every three years the adjustment.	hereafter with respect to cases commenced on or after the date of

1 ____ continuation sheets attached

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B6E (Official Form 6E) (12/07) - Cont.

In re	Andrzej Tokarski		Case No	
		Debtor		(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

Type of Friority for Claims Listed on This Sheet									
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 34323			Incurred: 12/08						
Secretary of State IRP Audit Division 501 S 2nd St # 300 Springfield, IL 62701			Consideration: Other				4,558.00	4,558.00	0.00
ACCOUNT NO.									
ACCOUNT NO.	\vdash			\vdash					
ACCOUNT NO.				L					
Sheet no. 1 of 1 continuation sheets attached Creditors Holding Priority Claims	to S	chedu	Sule of (Totals of		tal pag	e)	\$ 4,558.00	\$	\$
Total > \$ 4,558.00 \$ (Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)									
Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.) * \$ 4,558.00 \$ 0.00									

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Document

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B6F (Official Form 6F) (12/07)

In re _	Andrzej Tokarski	Case No
	Debtor	(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2122358 Armor Systems Co. 1700 Kiefer Dr, Suite 1 Zion, IL 60099			Incurred: 05/07 Consideration: Credit cards Collecting for Wauconda Police Department				75.00
ACCOUNT NO. 2122357 Armor Systems Co. 1700 Kiefer Dr, Suite 1 Zion, IL 60099			Incurred: 05/07 Consideration: Credit card debt Collecting for Wauconda Police Department				75.00
ACCOUNT NO. 5183370039015289 Assets Acceptance PO Box 2036 Waren, MI 48090			Incurred: 11/2008 Collecting for chase				6,600.00
ACCOUNT NO. 5183370039015289 Chase PO Box 15298 Wilmingtone, DE 19850			Incurred: 2002 Consideration: Credit cards				0.00
continuation sheets attached	-			Subt	otal	>	\$ 6,750.00
				T	`otal	>	\$

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re _	Andrzej Tokarski	,	Case No	
	Т	Debtor		(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 524180157009363 Citi Attn: Centralized Bankruptcy PO Box 20507 Kansas City, MO 64915			Incurred: 9/1998 Consideration: Credit cards				11,503.00
ACCOUNT NO. 45887838 ER Solutions PO Box 9004 Renton, WA 98057			Incurred: 6/08 Consideration: Credit card debt Collecting for Sprint				876.00
ACCOUNT NO. 72-87-28-1000 6 Nicor Gas Attention: Bankruptcy Department 1844 Ferry Road Naperville, IL 60507			Incurred: 6/01 Consideration: Other				2,667.00
ACCOUNT NO. 426290453949737 Portfolio Recovery & Affiliates 120 Corporate Blvd Ste 1 Norfolk, VA 23502			Incurred: 11/07 Consideration: Credit cards Collecting for MNBA/BOA				3,500.00
ACCOUNT NO.							

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal➤ 18,546.00 Total ➤ 25,296.00

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In re	Andrzej Tokarski		Case No.	
	Debtor			(if known)
	COHEDINE	EXECUTODA COMEDA CO	CI A NITO	

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Nicor	Gas
Com Ed	Electricity
Waste Management	Grabage
Ameritech	Phone
US Cellular	
Washington Mutual	Mortgage

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B6H (Official Form 6H) (12/07)		Document	Page 20 of 51	

In re	Andrzej Tokarski	Case No.	
	Debtor		(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

DEPENDENTS OF DEBTOR AND SPOUSE

Debtor's Marital

None

In re	Andrzej Tokarski			
	Debtor	Case –	(if known)	

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Status: Divorced	RELATIONSHIP(S): Son	AGE(S): 1	i I
Employment:	DEBTOR	SPOUSE	
Occupation	Driver		
Name of Employer	Selico US		
How long employed	3 yrs, 6 mos		
Address of Employer	5 N 562 Gildlane	N.A.	
	Wayne, IL 60184		
NCOME: (Estimate of ave	rage or projected monthly income at time case filed)	DEBTOR	SPOUSE
. Monthly gross wages, sa	alary, and commissions	¢ 2,600,00	¢ NA
(Prorate if not paid m	onthly.)	\$3,600.00_	
. Estimated monthly overt	time	\$0.00	\$N.A
. SUBTOTAL		\$3,600.00	\$N.A
. LESS PAYROLL DEDU	UCTIONS		
 a. Payroll taxes and so 	ocial security	\$	\$N.A
b. Insurance	ocial security	\$0.00	\$N.A
c. Union Dues		\$	\$N.A
d. Other (Specify:) \$0.00	\$N.A
. SUBTOTAL OF PAYRO	OLL DEDUCTIONS	\$0.00	\$N.A
TOTAL NET MONTHI	LY TAKE HOME PAY	\$3,600.00	_ \$N.A
. Regular income from or	peration of business or profession or farm	\$0.00	_ \$N.A
(Attach detailed stateme			, N. A.
. Income from real proper	rty	\$0.00	_ \$ <u>N.A.</u>
. Interest and dividends		\$0.00	_ \$N.A
Alimony, maintenance debtor's use or that of de	ee or support payments payable to the debtor for the ependents listed above.	\$0.00	_ \$N.A
1. Social security or other		\$0.00	_ \$N.A
(Specify)	ncome	\$ 0.00	¢ NT A
3. Other monthly income		\$0.00 \$ \$ 0.00	_ \$N.A. _ \$N.A
(Specify)		\$\$	_ \$N.A. _ \$N.A.
4. SUBTOTAL OF LINES	S 7 THROUGH 13	\$0.00	\$N.A
5. AVERAGE MONTHL	Y INCOME (Add amounts shown on Lines 6 and 14)	\$3,600.00	\$N.A
6. COMBINED AVERAC	GE MONTHLY INCOME (Combine column totals	\$	3,600.00

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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In re Andrzej Tokarski	Case No	
Debtor	Case No(if know	vn)
SCHEDULE J - CURRENT EXPE	NDITURES OF INDIVIDUAL	L DEBTOR(S)
Complete this schedule by estimating the average or profiled. Prorate any payments made biweekly, quarterly, semi-annua calculated on this form may differ from the deductions from incon	illy, or annually to show monthly rate. The average	
Check this box if a joint petition is filed and debtor's spouse labeled "Spouse."	maintains a separate household. Complete a sepa	rate schedule of expenditures
Rent or home mortgage payment (include lot rented for mobile hor	ne)	\$2.050.00
a. Are real estate taxes included? Yes	No	2,020.00
b. Is property insurance included? Yes	No	
2. Utilities: a. Electricity and heating fuel	•	\$130.00
b. Water and sewer		\$40.00
c. Telephone		\$200.00
d. Other		\$0.00
3. Home maintenance (repairs and upkeep)		\$0.00
4. Food		\$200.00
5. Clothing		\$50.00
5. Laundry and dry cleaning		\$10.00
7. Medical and dental expenses		\$50.00
3. Transportation (not including car payments)		\$80.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$100.00
10.Charitable contributions		\$0.00
11.Insurance (not deducted from wages or included in home mortgag	e payments)	0.00
a. Homeowner's or renter's		\$100.00
b. Life		\$0.00
c. Health		\$0.00
d.Auto		\$0.00
e. Other		\$\$
12.Taxes (not deducted from wages or included in home mortgage pa	lyments)	
(Specify)	•	\$0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list	payments to be included in the plan)	
a. Auto		\$0.00
b. Other		\$
c. Other		\$\$
14. Alimony, maintenance, and support paid to others		\$
15. Payments for support of additional dependents not living at your l	home	\$400.00
16. Regular expenses from operation of business, profession, or farm		\$0.00
17. Other	· /	\$\$
18 AVERAGE MONTHLY EXPENSES (Total lines 1-17 Report a	ulso on Summary of Schedules and	\$ 2,410,00

if applicable, on the Statistical Summary of Certain Liabilities and Related Data) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

None

a. Average monthly income from Line 15 of Schedule I	\$3,600.00
b. Average monthly expenses from Line 18 above	\$3,410.00
c. Monthly net income (a. minus b.)	\$ 190.00

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Northern District of Illinois

In re	ndrzej Tokarski	Case No.	
	Debtor	·	
		Chapter	13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 371,962.00		
B – Personal Property	YES	3	\$ 16,215.00		
C – Property Claimed as exempt	YES	1			
D – Creditors Holding Secured Claims	YES	2		\$ 326,529.10	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	3		\$ 4,558.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	2		\$ 25,296.00	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 3,600.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 3,410.00
ТОТ	ΓAL	16	\$ 388,177.00	\$ 356,383.10	

Official Security (FAMO) 01/01/09 Entered 01/01/09 19:48:38 Desc Main United States Barry Court Northern District of Illinois

In re	Andrzej Tokarski	Case No	
	Debtor		
		Chapter 13	

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 4,558.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 4,558.00

State the Following:

~ ······ · · · · · · · · · · · · · · ·	
Average Income (from Schedule I, Line 16)	\$ 3,600.00
Average Expenses (from Schedule J, Line 18)	\$ 3,410.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 3,600.00

State the Following:

State the Following.		
Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 4,558.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 25,296.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 25,296.00

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Andrz	ej Tokarski		
In re		Case No	
	Debtor		(f known)

DECLARATION CONCERNING DERTOR'S SCHEDULES

DECLARATION UNI	DER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR
I declare under penalty of perjury that I have are true and correct to the best of my knowledge, inform	read the foregoing summary and schedules, consisting of sheets, and that they nation, and belief.
Date _ 12/31/2008	Signature: /s/ Andrzej Tokarski
Date	Debtor:
D.	Signature: Not Applicable
Date	Signature: (Joint Debtor, if any)
	[If joint case, both spouses must sign.]
DECLARATION AND SIGNATURE OF N	NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)
compensation and have provided the debtor with a copy o 110(h) and 342(b); and, (3) if rules or guidelines have bee	kruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for f this document and the notices and information required under 11 U.S.C. §§ 110(b), in promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable notice of the maximum amount before preparing any document for filing for a debtor or ion.
Printed or Typed Name and Title, if any,	Social Security No. (Required by 11 U.S.C. § 110.)
of Bankruptcy Petition Preparer If the bankruptcy petition preparer is not an individual, state the nar who signs this document.	ne, title (if any), address, and social security number of the officer, principal, responsible person, or partne
Address	
X	
Signature of Bankruptcy Petition Preparer	Date
Names and Social Security numbers of all other individuals who prep	ared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:
If more than one person prepared this document, attach additional sign	gned sheets conforming to the appropriate Official Form for each person.
A bankruptcy petition preparer's failure to comply with the provisions of ti 18 U.S.C. § 156.	tle 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110
DECLARATION UNDER PENALTY OF	PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP
or an authorized agent of the partnership] of thein this case, declare under penalty of perjury that I have re	president or other officer or an authorized agent of the corporation or a member [corporation or partnership] named as debtor ad the foregoing summary and schedules, consisting of sheets (total correct to the best of my knowledge, information, and belief.
Date	Signature:
	[Print or type name of individual signing on behalf of debtor.]
[An individual signing on behalf of a par	tnership or corporation must indicate position or relationship to debtor.]

Case 09-00008

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(if known)

UNITED STATES BANKRUFTCY COURT
Northern District of Illinois

In Re Andrzej Tokarski Case No. _____

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2008	40000.00	
2007	43000.00	
2006	45000.00	

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

2008 0.00 2007 0.00

None

3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF AMOUNT AMOUNT STILL PAYMENTS PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*)any payments that were made to a creditor on account of a domestic support obligation or as part of an alternativerepayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATES OF PAYMENTS

AMOUNT PAID AMOUNT STILL OWING None

 \boxtimes

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATES OF PAYMENTS

AMOUNT PAID

COURT OR

AMOUNT STILL OWING

STATUS OR

4. Suits and administrative proceedings, executions, garnishments and attachments

NATURE OF PROCEEDING

None

CAPTION OF SUIT

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AND CASE NUMBER		AGENCY AND LOCATION	DISPOSITION
08CH1919 Gera Construction v. Andrzej Tokarski	Mechanic's Lien	Lake County	Pending
08CH1895 Washington Mutual v. Andrzej Tokarski	Foreclosure	Lake County	Judgment for Plaintiff
08AR1368 CitiBank v. Andrzej Tokarski	Collections	Lake County	Default

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN DESCRIPTION AND VALUE OF PROPERTY

Washington Mutual PO Box 44118 Jacksonville, FL 32231 6/2008 Residence

6. Assignments and Receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY DATE OF GIFT DESCRIPTION AND VALUE OF GIFT

Desc Main

8. Losses

None \boxtimes

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

Ben Schneider Weingarten & Adler 8170 N. McCormick Blvd. Suite 118 Skokie, IL 60076

12/17/2008 1500

10. Other transfers

None X

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

 \boxtimes

If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

 \boxtimes

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME NAME AND ADDRESS DATE OF ENVIRONMENTAL AND ADDRESS OF GOVERNMENTAL UNIT NOTICE LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

 \boxtimes

SITE NAME AND ADDRESS (

NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF NOTICE ENVIRONMENTAL LAW None \boxtimes

List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF NAME SOCIAL-SECURITY OR

OTHER INDIVIDUAL TAXPAYER-I.D. NO.

NATURE OF BUSINESS BEGINNING AND **ADDRESS**

ENDING DATES

(ITIN)/ COMPLETE EIN

36-4382373 ATA services

24331 Kelsey Rd Barrington, IL 60010 Trucking

1999 - 2007

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

 \boxtimes

NAME **ADDRESS**

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

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	19. Books, record and financial s	tatements			
None		a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.			
NAME	NAME AND ADDRESS DATES SERVICES RENDERED				
	perts 7. Belmont o, IL 60034	1999-	-2006		
None		ls who within the two years immediately precent and records, or prepared a financial statemen			
	NAME	ADDRESS	DATES SERVICES RENDERE		
Illinois	Secretary of State				
None	c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.				
	NAME	ADDRESS			
Debtor					
None		ons, creditors and other parties, including merovithin the two years immediately preceding the			
NA	ME AND ADDRESS	DATE ISSUED			
	20. Inventories				
None		two inventories taken of your property, the na e dollar amount and basis of each inventory.	ame of the person who supervised the		

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

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DATE OF INVENTORY

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None List the name and address of the person having possession of the records of each of the two inventories reported in a., above. \boxtimes DATE OF INVENTORY NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS 21. Current Partners, Officers, Directors and Shareholders None If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership. X NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST None If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation. \boxtimes NAME AND ADDRESS TITLE NATURE AND PERCENTAGE OF STOCK OWNERSHIP 22. Former partners, officers, directors and shareholders None If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately \boxtimes preceding the commencement of this case. DATE OF WITHDRAWAL **NAME ADDRESS** None If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case. \bowtie TITLE NAME AND ADDRESS DATE OF TERMINATION

23. Withdrawals from a partnership or distribution by a corporation

None

If the debtor is a partnership or a corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

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24. Tax Consolidation Group

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds

None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date

12/31/2008

Signature of Debtor

/s/ Andrzej Tokarski

ANDRZEJ TOKARSKI

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____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. \$152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer	Social Security No. (Required by 11 U.S.C. § 110(c).)
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, partner who signs this document.	and social security number of the officer, principal, responsible person, or
Address	
X Signature of Bankruptcy Petition Preparer	 Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

\$39 administrative fee: Total fee \$274)

Document Page 39 of 51 Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee,

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor

this notice required by § 342(b) of the Bankruptcy Code.	
Printed Name and title, if any, of Bankruptcy Petition Preparer	Social Security number (If the bankruptcy petition
Address:	preparer is not an individual, state the Social Security
	number of the officer, principal, responsible person, or partner of
	the bankruptcy petition preparer.) (Required
X	by 11 U.S.C. § 110.)
Signature of Bankruptcy Petition Preparer or officer,	
principal, responsible person, or partner whose Social	
Security number is provided above.	

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Andrzej Tokarski	X/s/ Andrzej Tokarski 12/31/2	:008
Printed Name(s) of Debtor(s)	Signature of Debtor Date	
Case No. (if known)	X	
	Signature of Joint Debtor (if any) Date	Э

Ameritech

Anna Tokarski 4516 N. Overhill Ave. Norridge, IL 60706

Armor Systems Co. 1700 Kiefer Dr, Suite 1 Zion, IL 60099

Armor Systems Co. 1700 Kiefer Dr, Suite 1 Zion, IL 60099

Assets Acceptance PO Box 2036 Waren, MI 48090

Chase PO Box 15298 Wilmingtone, DE 19850

Citi Attn: Centralized Bankruptcy PO Box 20507 Kansas City, MO 64915

Com Ed

ER Solutions PO Box 9004 Renton, WA 98057

Figiel Law Offices 7111 West Higgins Avenue Chicago, Illinois 60656 Gera Construction 240 Payson Hoffman Estates, IL 60194

Jadwiga Pioch 4516 N. Overhill Ave. Norridge, IL 60706

Nicor

Nicor Gas Attention: Bankruptcy Department 1844 Ferry Road Naperville, IL 60507

Portfolio Recovery & Affiliates 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Secretary of State IRP Audit Division 501 S 2nd St # 300 Springfield, IL 62701

US Cellular

Washington Mutual

Washington Mutual PO Box 44118 Jacksonville, FL 32231

Waste Management

Bankruptcy2008 @1991-2008, New Hope Software, Inc., ver. 4.4.6-725 - 32625 - PDF-XChange 3.0

United States Bankruptcy Court Northern District of Illinois

]	_{In re} Andrzej Tokarski	Case No	
		Chapter	13
]	Debtor(s)	- 1	
	DISCLOSURE OF COMPENSATION O	F ATTORNEY FOR DEB	гог
a	Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certifund that compensation paid to me within one year before the filing endered or to be rendered on behalf of the debtor(s) in contempla	of the petition in bankruptcy, or a	agreed to be paid to me, for services
F	or legal services, I have agreed to accept	\$3,000.	00
	Prior to the filing of this statement I have received		00
	Balance Due		00
2.	The source of compensation paid to me was:		
	☐ Other (specify)		
3.	The source of compensation to be paid to me is:		
<i>,</i>	☐ Debtor ☐ Other (specify)		
4.	I have not agreed to share the above-disclosed compensation liates of my law firm.	n with any other person unless th	ney are members and
	☐ I have agreed to share the above-disclosed compensation wit law firm. A copy of the agreement, together with a list of the name		
<u>5</u> .	In return for the above-disclosed fee, I have agreed to render lega	al service for all aspects of the ba	ankruptcy case, including:
	 a. Analysis of the debtor's financial situation, and rendering advice t b. Preparation and filing of any petition, schedules, statements of af c. Representation of the debtor at the meeting of creditors and confid. d. Representation of the debtor in adversary proceedings and other 	ffairs and plan which may be requirmation hearing, and any adjourn	ired;
6.	By agreement with the debtor(s), the above-disclosed fee does not	include the following services:	
	CFR	RTIFICATION	
	I certify that the foregoing is a complete statement of any a debtor(s) in the bankruptcy proceeding.		yment to me for representation of the
	12/31/2008	/s/ Ben Schneider	
	Date		e of Attorney
		Weingarten & Adler	· · · · · · · · · · · · · · · · · · ·
		Name of	law firm

Case 09-00008 Doc 1 Filed 01/01/09 Entered 01/01/09 19:48:38 Desc Main $^{\rm B22C}$ (Official Form 22C) (Chapter 13) Document Page 43 of 51

	Andrzej Tokarski	According to the calculations required by this statement:
In re	Andrzej Tokarski	☐ The applicable commitment period is 3 years.
	Debtor(s)	☐ The applicable commitment period is 5 years.
		Disposable income is determined under § 1325(b)(3).
Case	Number: (If known)	Disposable income not determined under § 1325(b)(3).
	ζ,	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedule I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME								
	Marita	al/filing status. Check the box that applies	and complete the I	balance of this part o	f this	sta	atement as	direc	ted.
		Unmarried. Complete only Column A ("De	ebtor's Income")	for Lines 2-10.			" > 6		0.40
1	b. L	Married. Complete both Column A ("Debtures must reflect average monthly income re		•					
	six ca	lendar months prior to filing the bankruptcy	case, ending on th	e last day of the mor	nth	l	Column A Debtor's	S	olumn B pouse's
		e the filing. If the amount of monthly income the six-month total by six, and enter the res			St		Income	I	ncome
2	Gross	wages, salary, tips, bonuses, overtime,	commissions.			\$	3,600.00	\$	N.A.
		ne from the operation of a business, prof and enter the difference in the appropriate of							
	than o	ne business, profession or farm, enter aggreq ment. Do not enter a number less than zero.	gate numbers and	provide details on ar					
3		ess expenses entered on Line b as a ded							
	a.	Gross receipts	\$	0.00					
	b.	Ordinary and necessary business expenses	s \$	0.00					
	C.	Business income	Subtract	Line b from Line a		\$	0.00	\$	N.A.
		and other real property income. Subtracting in the appropriate column(s) of Line 4.			Do				
	difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.								
4	a.	Gross receipts	\$	0.00					
	b.	Ordinary and necessary operating expense	es \$	0.00					
	C.	Rent and other real property income	Subtract	Line b from Line a		\$	0.00	\$	N.A.
5	Intere	est, dividends and royalties.				\$	0.00	\$	N.A.
6	Pensi	on and retirement income.				\$	0.00	\$	N.A.
		mounts paid by another person or entity							
7	that p	uses of the debtor or the debtor's depend ourpose. Do not include alimony or separate							
	by the debtor's spouse.					\$	0.00	\$	N.A.
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse								
8		benefit under the Social Security Act, do not n A or B, but instead state the amount in the		such compensation	in				
	Une	employment compensation claimed to		O D NIA					
	be a	a benefit under the Social Security Act	ebtor \$0.00_	Spouse \$ N.A.		\$	0.00	\$	N.A.

9	Income from all other sources. Specify source and amount. If necessources on a separate page. Total and enter on Line 9. Do not include separate maintenance payments paid by your spouse, but include payments of alimony or separate maintenance. Do not include an under the Social Security Act or payments received as a victim of a war of humanity, or as a victim of international or domestic terrorism. a. b.	alimony all othe y benefit	or er s received	d st	\$	0.00	\$	N.A.	
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed through 9 in Column B. Enter the total(s).	d, add Lir	nes 2	:	§ 3,6	00.00	\$	N.A.	
11	Total. If Column B has been completed, add Line 10, Column A to Line enter the total. If Column B has not been completed, enter the amount f Column A.			t	\$			3,600.00	
	Part II. CALCULATION OF § 1325(b)(4) C	OMMI	TMEN	T PI	ERIO	D			
12	Enter the Amount from Line 11.					\$		3,600.00	
13	Marital adjustment. If you are married, but are not filing jointly with y that calculation of the commitment period under § 1325(b)(4) does not regular spouse, enter on Line 13 the amount of the income listed in Line 10, on a regular basis for the household expenses of you or your dependents the basis for excluding this income (such as payment of the spouse's tax of persons other than the debtor or the debtor's dependents) and the am purpose. If necessary, list additional adjustments on a separate page. If adjustment do not apply, enter zero. a. b. c.	equire ind , Column and spec liability count of ir	clusion of B that wa cify, in the or the spo ncome de	the in as NC e line use's voted	ncome T paid s below suppoil I to ead	of /, rt h		0.00	
	Total and enter on Line 13.					\$			
14	Subtract Line 13 from Line 12 and enter the result.					\$		3,600.00	
15	Annualized current monthly income for §1325(b)(4). Multiput the number 12 and enter the result.	oly the ar	nount fro	m Lin	ie 14 b <u>y</u>	/ \$		43,200.00	
16	Applicable median family income. Enter the median family incord household size. (This information is available by family size at www.usdo the bankruptcy court.)	j.gov/ust	/ or from	the o	clerk of			45,604.00	
	a. Enter debtor's state of residence: Illinois b. Enter debtor's household size: 1								
17	Application of §1325(b) (4). Check the applicable box and proceed as directed. The amount on Line 15 is less than or equal to the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. The amount on Line 15 is more than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.								
Pa	art III. APPLICATION OF § 1325(b)(3) FOR DETER	RMINI	NG DI	SPO	DSAE	LE I	NC	OME	
18	Enter the Amount from Line11.					\$		3,600.00	

20 Current monthly income for \$1325(b)(3). Subtract Line 19 from Line 18 and enter the result. 3,60 21 Annualized current monthly income for \$1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. 22 Applicable median family income. Enter the amount from Line 16. 3 45,60 23 Application of \$1325(b)(3). Check the applicable box and proceed as directed. 3 The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under \$1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this statement. 3 The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under \$1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI. 24A Part IV. CALCULATION OF DEDUCTIONS FROM INCOME 24A Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) 24A National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) 3 National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Dout-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Dout-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Dout-of-Pocket Health Care for Dout-of-Dout-of-Pocket Health Care for Dout-of-Dout-of	b.	19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. Specify, in the lines below, the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons oth than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.									
c.	c. \$ 0.00 Total and enter on Line 19. \$ 0.00 Total and enter on Line 19. \$ 0.00 Total and enter on Line 19. \$ 0.00 Current monthly income for \$1325(b)(3). Subtract Line 19 from Line 18 and enter the result. \$ 3,600.00 Annualized current monthly income for \$1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. \$ 43,200.00 Applicable median family income. Enter the amount from Line 16. \$ 45,604.00 Applicable median family income. Enter the amount from Line 16. \$ 45,604.00 Application of \$1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under \$1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this statement. Do not complete Parts IV, V or VI. Part IV. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing, household supplies, personal care, and miscellancous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from \$ N.A. National Standards: health care. Enter in Line at below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line 22 the IRS National Standards for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from \$ N.A. Out-of-Pocket Health Care for persons under 65 years of age, and in Line 22 the IRS National Standards for older. (The total number of household members of your household who are older, of the bankruptcy court.) Enter in Line by the number of members of your household who are folder, and enter the result in Line 12. Add Lines c1 and c2 to obtain a total amount		a.					\$	0.00]		
Total and enter on Line 19. 20 Current monthly income for \$1325(b)(3). Subtract Line 19 from Line 18 and enter the result. \$ 3,60 21 Annualized current monthly income for \$1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. \$ 43,20 22 Applicable median family income. Enter the amount from Line 16. \$ 45,60 23 Application of \$1325(b)(3). Check the applicable box and proceed as directed. 3 The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under \$1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this statement. 3 The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under \$1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI. 24 Part IV. CALCULATION OF DEDUCTIONS FROM INCOME 3 Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) 3 National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) 3 National Standards: health care. Enter in Line at below the amount from IRS National Standards for persons 65 years of age, and enter in Line bit the number of members of your household who are under 65 years of age, and enter in Line bit the number of members of your household who are under 65 years of age, and enter in Line bit the number of members of your household who are under 65 years of age, and enter the result in Line 12. Add Lines c1 and c2 to obtain a total amount for household who are even the result in Line 12 by Line bit to obtain a total amount for household members 65 and enter the result in Line 12. Add Lines c1 and c2 to	Total and enter on Line 19. Current monthly income for §1325(b) (3). Subtract Line 19 from Line 18 and enter the result. Annualized current monthly income for §1325(b) (3). Multiply the amount from Line 20 by the number 12 and enter the result. Applicable median family income. Enter the amount from Line 16. \$ 43,200,00 Application of §1325(b) (3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under §1325(b) (3)." at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under §1325(b) (3)" at the top of page 1 of this statement and complete the remaining parts of this statement. Do not complete Parts IV, V or VI. Part IV. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/uss/ or from the clerk of the bankruptcy court.) National Standards: health care. Enter in Line at below the amount from IRS National Standards for Out-of-Pocket Health Care for persons def seyers of age, and in Line 32 (b). Multiply line at by Line bit to obtain a total amount for household who are under 65 years of age, or erdors. (This information is available at www.usdoj.gov/uss/ or from the clerk of the bankruptcy court.) Enter In Line bit the number of members of your household who are under 65 years of age, and enter in Line 62. He number of members of your household members 65 and defer the result in Line 2. Add Lines 2 in a lounder of bousehold members 65 on the clerk of the ba		b.					\$	0.00			
20 Current monthly income for §1325(b)(3). Subtract Line 19 from Line 18 and enter the result. 21 Annualized current monthly income for §1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. 22 Applicable median family income. Enter the amount from Line 16. 3 43,20 3 Application of §1325(b)(3). Check the applicable box and proceed as directed. 3 The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under §1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this statement. 3 The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under §1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI. 24 Part IV. CALCULATION OF DEDUCTIONS FROM INCOME 25 Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) 26 National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) 26 National Standards: health care. Enter in Line at below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line 22 the IRS National Standards for persons 65 years of age or older. (This information is available at https://www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line by the number of members of your household who are 65 years or age, and enter in Line by the number of members of your household who are 65 years or age or older. (The total number of household members must be the same as the number stated in Line 16b). Multiply line at by Line by 1 to ob	Current monthly income for \$1325(b)(3). Subtract Line 19 from Line 18 and enter the result. Annualized current monthly income for \$1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. Applicable median family income. Enter the amount from Line 16. \$43,200.0 Application of \$1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under \$1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under \$1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Part IV. CALCULATION OF DEDUCTIONS FROM I NCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "fotal" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from \$ N.A. National Standards: health care. Enter in Line at below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Inter in Line b1 the number of members of your household who are 6 years or older. (The total number of household members must be the same as the number standards for Allowable Living Expenses for members of your household who are 6 years or older. (The total number of household members must be the same as the number of so, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members of 5, and enter the result in Line c1. Multiply		C.					\$	0.00			
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(This information is available at www.usdoj.gov/ust/ or offer. (This information is available at <a< td=""><td>20 Current monthly income for §1325(b)(3). Subtract Line 19 from Line 18 and enter the result. 21 Annualized current monthly Income for §1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. 22 Applicable median family income. Enter the amount from Line 16. 23 Application of §1325(b)(3). Check the applicable box and proceed as directed. 24 The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under §1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this statement. 23 The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under §1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI. 24 Part IV. 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Multiply Line a2 by Line b2 to obtain a total amount for household who are of the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65, and enter the result in Line c1. Mult</td><td></td><td>Total a</td><td>nd enter on Line 19.</td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$</td><td>0.00</td></a<>	20 Current monthly income for §1325(b)(3). Subtract Line 19 from Line 18 and enter the result. 21 Annualized current monthly Income for §1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. 22 Applicable median family income. Enter the amount from Line 16. 23 Application of §1325(b)(3). Check the applicable box and proceed as directed. 24 The amount on Line 21 is more than the amount on Line 22. 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Enter in Line all below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for persons 65 years of age, and enter in Line b2 the number of members of your household who are or older. (The total number of household members must be the same as the number standard in Line (Left). Multiply line at by Line b1 to obtain a total amount for household members 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household who are of the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65, and enter the result in Line c1. Mult		Total a	nd enter on Line 19.							\$	0.00
Annualized current monthly income for §1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. Applicable median family income. Enter the amount from Line 16. \$ 43,20 Application of §1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under §1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under \$1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI. Part IV. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for other of Syears of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are 65 years or older. (The total number of household members must be the same as the number stated in Line 16b). Multiply line a2 by Line b2 to obtain a total amount for household members of age or older and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a to	Annualized current monthly income for \$1325(b) (3). Multiply the amount from Line 20 by the number 12 and enter the result. Applicable median family income. Enter the amount from Line 16. Application of \$1325(b) (3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under \$1325(b) (3)." at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under \$1325(b) (3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV. V or VI. Part IV. CALCULATION OF DEDUCTIONS FROM I NCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line 22 the IRS National Standards for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age or older. (This information is available at which usdoj.) Which is a proper of the person of t	20	Currer	nt monthly income for §1	325(b)(3)	. Sub	tract Line 19 fror	m Line 1	18 and ent	er the result.	\$	3,600.00
Applicable median family income. Enter the amount from Line 16. Application of §1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under §1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under §1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI. Part IV. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) In the persons of the persons under 65 years of age or older. (The total numb	Applicable median family income. Enter the amount from Line 16. Application of §1325 (b) (3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under §1325(b) (3)." at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under §1325(b) (3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI. Part IV. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/usi/ or from the clerk of the bankruptcy court.) National Standards: health care. Enter in Line at below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and other in Line but he number of members of your household who are under 65 years of age, and enter in Line but he number of members of your household who are under 65 years of age, and enter in Line but he number of members of your household who are of years or older. (This information is available at www.usdoj.gov/usi/ or from the clerk of the bankruptcy court.) Enter in Line but he number of members of your household who are under 65 years of age or older. (This information is available at www.usdoj.gov/usi/ or from the clerk of the bankruptcy court.) Enter in Line but he number of members of your household who are of years or older. (The total number of members of your household me	21	Annua	alized current monthly inc nber 12 and enter the result.	come for §	1325	(b)(3). Multip	ly the a	mount fro	m Line 20 by	\$	43,200.00
Application of §1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under §1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under §1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI. Part IV. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.) National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for persons 65 years of age or older. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years or older. (The total number of household members with the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. S	Application of \$1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under \$1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under \$1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI. Part IV. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and the under of your household who are under 65 years of age, and enter in Line 2th enumber of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are under 65 years of age, and enter in Line b2 to total an total amount for household members under 65, and enter the result in Line 19B. Household members under 65 years of age Household members 65 years of age or older and enter the result in Line 2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 25. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Household members under 65 years of age Household members of years of age or older and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the re	22	Applic	able median family incor	ne. Enter t	ne am	ount from Line 1	6.			\$	
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I I ⊅ N A	Local Standards: housing and utilities; non-mortgage expenses Enter amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size.		c1.	Subtotal	N.A.	c2.	Subtotal			N.A.	\$	N A

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25B	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	N.A.				
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	N.A.				
	C.	Net mortgage/rental expense	Subtract Line b	from Line a.	\$	N.A.		
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							
27A	You are operating Check the expenses of the control	Standards: transportation; vehicle operation/public entitled to an expense allowance in this category regardless of w g a vehicle and regardless of whether you use public transportative number of vehicles for which you pay the operating expenses of a are included as a contribution to your household expenses in Linecked 0, enter on Line 27A the "Public Transportation" amount from the your checked 1 or 2 or more, enter on Line 27A the "Open Standards: Transportation for the applicable number of vehicle and Area or Census Region. (These amounts are available at www.ankruptcy court.)	hether you pay toon. or for which the cone 7. 0 1 1 from IRS Local Storating Costs" are in the applicable.	pperating 2 or more. andards: mount from e Metropolitan	\$	N.A.		
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are							
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) I							
	C.	1, as stated in Line 47 Net ownership/lease expense for Vehicle 1	\$ Subtract Line	N.A. b from Line a.	\$	N.A.		

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29	Lo on Er (a th						
		a.	IRS Transportation Standards, Ownership Costs, Second Car	\$ N.A.			
		b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$ N.A.			
		C.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	 	N.A.	
30	for sel	all for	ecessary Expenses: taxes. Enter the total average monthly all federal, state and local taxes, other than real estate and sales byment taxes, social security taxes, and Medicare taxes. Do not i	taxes, such as income taxes,	\$	N.A.	
31	pa un	yroll de iion due	lecessary Expenses: mandatory payroll deductions. Enductions that are required for your employment, such as mandates, and uniform costs. Do not include discretionary amounts, contributions.	ory retirement contributions,	\$	N.A.	
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance.						
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 49.						
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.						
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.						
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.						
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunications services other than your basic home telephone and cell phone service – such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.						
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.						

Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37									
	Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.								
39	Ī	a.	Health Insurance		\$ N.A.				
		b.	Disability Insurance			\$	N.A.		
		C.	Health Savings Accou	nt		\$	N.A.		
	l s			d this total amount, state yo	our actual a	verage expend	ditures in the	\$	N.A.
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.						\$	N.A.	
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.						\$	N.A.	
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					\$	N.A.		
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the the amount claimed is reasonable and necessary and not already accounted for in the LRS Standards.					\$	N.A.		
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	N.A.		
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month or charitable contributions in the form of cash or financial instruments to a charitable organization as defined in in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.						N.A.		
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.						\$	N.A.	
	Subpart C: Deductions for Debt Payment								
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes and insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.					t, and state the ce. The Average ured Creditor in the nould include	2		
		N	lame of Creditor	Property Securing the De		Average Monthly Payment	Does payment include taxes or insurance?		
	a.				\$		☐ yes ☐ no		
	b.				\$		☐ yes ☐ no		
	C.				\$	J. A alal 1 ! :	☐ yes ☐ no		
						II: Add Lines and c		\$	N A

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	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					
48	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount			
	a.		\$			
	b.		\$			
	C.		\$			
			Total: Add Lines a, b and c	\$	N.A.	
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.					
	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.					
	a. Projected average monthly Chapter 13 plan payment. \$ N.A.					
50		cutive Office for United States s available at www.usdoj.gov/ust/	× N.A.			
	c. Average monthly administra	tive expense of Chapter 13 case	Total: Multiply Lines a and b	\$	N.A.	
51	Total Deductions for Debt Payı	ment. Enter the total of Lines 47 th	nrough 50.	\$	N.A.	
	Subpa	rt D: Total Deductions fror	n Income			
52	Total of all deductions from income. Enter the total of Lines 38, 46, and 51.				N.A.	
	Part VI. DETERMINATION	ON OF DISPOSABLE INC	OME UNDER § 1325(k	o) (2	()	
53	Total current monthly income. Enter the amount from Line 20.				N.A.	
54	Support income. Enter the month disability payments for a dependent cl applicable nonbankruptcy law, to the or	nild, reported in Part I, that you rece	ived in accordance with	\$	N.A.	
55	Qualified retirement deduction employer from wages as contributions all repayments of loans from retireme	for qualified retirement plans, as sp	ecified in § 541(b)(7) and (b)	\$	N.A.	
	Total of all deductions allowed	under § 707(b)(2). Enter the a	amount from Line 52.	\$	N.A.	

57	experion experion experion of the that	rcumstances that justify additional pecial circumstances and the tries on a separate page. Total the ase trustee with documentation on of the special circumstances Amount of expense							
	b. c.		\$						
			Total: Add Lines a, b and c \$ N.A.						
Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56 and									
58	57 and enter the result.								
59	Mor the	ract Line 58 from Line 53 and enter \$ N.A.							
	Part VI: ADDITIONAL EXPENSE CLAIMS								
	healt incon	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the nealth and welfare of you and your family and that you contend should be an additional deduction from your current month ncome under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
60		Expense Description	Monthly Amount						
	a.		\$						
	b.		\$						
	C.	Total: Add Lines a, b ar	nd c N.A.						
	Total: Add Lines a, b and c N.A.								
	Part VII: VERIFICATION								
		clare under penalty of perjury that the information provided in the debtors must sign.)							
61		Date: 12/31/2008 Signature: /s/ Andrzej Tokarski							
			/						

Income Month 1			Income Month 2		
Gross wages, salary, tips	3,600.00	0.00	Gross wages, salary, tips	3,600.00	0.0
Income from business	0.00	0.00	Income from business	0.00	0.0
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0.0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.0
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.0
Unemployment	0.00	0.00	Unemployment	0.00	0.0
Other Income	0.00	0.00	Other Income	0.00	0.0
Income Month 3			Income Month 4		
Gross wages, salary, tips	3,600.00	0.00	Gross wages, salary, tips	3,600.00	0.0
Income from business	0.00	0.00	Income from business	0.00	0.0
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0.0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.0
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.0
Unemployment	0.00	0.00	Unemployment	0.00	0.0
Other Income	0.00	0.00	Other Income	0.00	0.0
Income Month 5			Income Month 6		
Gross wages, salary, tips	3,600.00	0.00	Gross wages, salary, tips	3,600.00	0.0
Income from business	0.00	0.00	Income from business	0.00	0.0
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0.0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.0
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.0
Unemployment	0.00	0.00	Unemployment	0.00	0.0
Other Income	0.00	0.00	Other Income	0.00	0.0

Additional Items as Designated, if any

Remarks